

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019362

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 38

VS 300  
Rev. 4/5910505  
3500

3

4 0

5 1

6

7 0

8 2

94201

10

11

1291-0

13-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 38

FILED JUN 15 1962

## 1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

DE SOTO, MO

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

900 N. Main

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

JEFF

admission)

c. CITY  
OR TOWN

DE SOTO

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS(If outside, give location)  
Route #2Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Gus

Middle

A

Last

NOACK

## 4. DATE OF DEATH

Month

JUNE

Day

10

Year

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10/6/93

## 9. AGE (last birthday)

68

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Farming

## 11. BIRTHPLACE (City and state or country)

ST Louis, MO

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

REINHOLD NOACK

## 13b. MOTHER'S MAIDEN NAME

HILDA GABEL

## 14. NAME OF HUSBAND OR WIFE

BERTHA NOACK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

BERTHA NOACK R2 De Soto, MO

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Atherosclerosis

INTERVAL BETWEEN  
ONSET AND DEATH

sudden

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Generalized arterio sclerosis

years

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

no

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m. p.m.

no

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 21, 1952 to June 10, 1962 and last saw him alive on June 2, 62  
Death occurred at 3:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M. V. Jeffers M.D.

## 22b. ADDRESS

De Soto, MO

## 22c. DATE SIGNED

June 13, 62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

6/13/62

## 23c. NAME OF CEMETERY OR CREMATORY

Zion

## 23d. LOCATION (City, town, or county)

HILLSBORO

## 23e. STATE

MO

## 24. FUNERAL DIRECTOR

ADDRESS

MAHN FUNERAL HOME

De Soto, MO

6-13-1962

## 25. DATE RECD. BY LOCAL REG.

June 13, 1962

## 26. REGISTRAR'S SIGNATURE

Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS JUN 29 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4975

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.